

**Bivens,Carolyn (DSHS)**

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**From:** DSHSCouncil@dshs.state.tx.us  
**Sent:** Friday, August 23, 2013 5:53 PM  
**To:** DSHS Council  
**Subject:** Registration to Appear Before the State Health Services Council

Data from form "Council Registration" was received on 8/23/2013 5:53:11 PM.

Online registration

Field	Value
Name	Jade Chang Sheppard
Representing	Self
Mailing Address	12425 Dorsett Rd.
City	Austin
State	Texas
Zip Code	78727
E-mail Address	<a href="mailto:Soniajade@gmail.com">Soniajade@gmail.com</a>
Phone	5125878613
appearancedate	Aug. 28, 2013 – Work Session
Topic	HB2
Comments	Oppose

Email "Registration to Appear Before the State Health Services Council" originally sent to [DSHSCouncil@dshs.state.tx.us](mailto:DSHSCouncil@dshs.state.tx.us) from [DSHSCouncil@dshs.state.tx.us](mailto:DSHSCouncil@dshs.state.tx.us) on 8/23/2013 5:53:11 PM.

**Bivens,Carolyn (DSHS)**

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**From:** DSHSCouncil@dshs.state.tx.us  
**Sent:** Friday, August 23, 2013 10:08 PM  
**To:** DSHS Council  
**Subject:** Registration to Appear Before the State Health Services Council

Data from form "Council Registration" was received on 8/23/2013 10:08:06 PM.

Online registration

Field	Value
Name	Noelle Dempsey
Representing	Self
Mailing Address	17816 quitman mountain way
City	Round rock
State	Tx
Zip Code	78664
E-mail Address	<u>Noellenoodle@gmail.com</u>
Phone	512-695-2991
appearancedate	Aug. 28, 2013 – Work Session
Topic	Hb2
Comments	Oppose

Email "Registration to Appear Before the State Health Services Council" originally sent to DSHSCouncil@dshs.state.tx.us from DSHSCouncil@dshs.state.tx.us on 8/23/2013 10:08:06 PM.

**Bivens,Carolyn (DSHS)**

**From:** DSHSCouncil@dshs.state.tx.us  
**Sent:** Friday, August 23, 2013 10:40 PM  
**To:** DSHS Council  
**Subject:** Registration to Appear Before the State Health Services Council

Data from form "Council Registration" was received on 8/23/2013 10:39:40 PM.

Online registration

Field	Value
Name	Anne McCready Heinen
Representing	Self
Mailing Address	3010 Washington Square
City	Austin
State	Texas
Zip Code	78705
E-mail Address	<a href="mailto:amheinen@gmail.com">amheinen@gmail.com</a>
Phone	5124261124
appearancedate	Aug. 29, 2013 – Council Meeting <i>Change to 8/28 per email</i>
Topic	HB 2 and amendments reflecting its impact on abortion facility reporting and licensing.
Comments	Other

Email "Registration to Appear Before the State Health Services Council" originally sent to [DSHSCouncil@dshs.state.tx.us](mailto:DSHSCouncil@dshs.state.tx.us) from [DSHSCouncil@dshs.state.tx.us](mailto:DSHSCouncil@dshs.state.tx.us) on 8/23/2013 10:39:40 PM.

**Bivens,Carolyn (DSHS)**

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**From:** DSHSCouncil@dshs.state.tx.us  
**Sent:** Friday, August 23, 2013 11:15 PM  
**To:** DSHS Council  
**Subject:** Registration to Appear Before the State Health Services Council

Data from form "Council Registration" was received on 8/23/2013 11:15:07 PM.

Online registration

Field	Value
Name	Lisa LeBlanc
Representing	Self
Mailing Address	4620 W. William Cannon Drive #5
City	AUSTIN
State	TX
Zip Code	78749
E-mail Address	<u>1619austin@gmail.com</u>
Phone	9723589011
appearancedate	Aug. 28, 2013 – Work Session
Topic	HB2
Comments	Provide Information

Email "Registration to Appear Before the State Health Services Council" originally sent to DSHSCouncil@dshs.state.tx.us from DSHSCouncil@dshs.state.tx.us on 8/23/2013 11:15:07 PM.

**Bivens, Carolyn (DSHS)**

**From:** DSHSCouncil@dshs.state.tx.us  
**Sent:** Saturday, August 24, 2013 2:52 AM  
**To:** DSHS Council  
**Subject:** Registration to Appear Before the State Health Services Council

Data from form "Council Registration" was received on 8/24/2013 2:52:28 AM.

Online registration

Field	Value
Name	Ellen Sweets
Representing	Self, Daughter, Mother
Mailing Address	5300 Summer Drive
City	Austin
State	TX
Zip Code	78741
E-mail Address	<a href="mailto:ellensweets@gmail.com">ellensweets@gmail.com</a>
Phone	512-243-5158
appearancedate	Aug. 28, 2013 – Work Session
Topic	HB2
Comments	Oppose

Email "Registration to Appear Before the State Health Services Council" originally sent to [DSHSCouncil@dshs.state.tx.us](mailto:DSHSCouncil@dshs.state.tx.us) from [DSHSCouncil@dshs.state.tx.us](mailto:DSHSCouncil@dshs.state.tx.us) on 8/24/2013 2:52:28 AM.

**Bivens,Carolyn (DSHS)**

**From:** DSHSCouncil@dshs.state.tx.us  
**Sent:** Monday, August 26, 2013 3:48 PM  
**To:** DSHS Council  
**Subject:** Registration to Appear Before the State Health Services Council

Data from form "Council Registration" was received on 8/26/2013 3:47:47 PM.

Online registration

Field	Value
Name	Robbie Ausley
Representing	self
Mailing Address	3707 Laurel Ledge Ln
City	Austin
State	Texas
Zip Code	78731
E-mail Address	<a href="mailto:robausley@austin.rr.com">robausley@austin.rr.com</a>
Phone	512-784-8971
appearancedate	Aug. 28, 2013 – Work Session
Topic	House Bill 2
Comments	Oppose

Email "Registration to Appear Before the State Health Services Council" originally sent to [DSHSCouncil@dshs.state.tx.us](mailto:DSHSCouncil@dshs.state.tx.us) from [DSHSCouncil@dshs.state.tx.us](mailto:DSHSCouncil@dshs.state.tx.us) on 8/26/2013 3:47:47 PM.

**Bivens,Carolyn (DSHS)**

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**From:** DSHSCouncil@dshs.state.tx.us  
**Sent:** Monday, August 26, 2013 4:11 PM  
**To:** DSHS Council  
**Subject:** Registration to Appear Before the State Health Services Council

Data from form "Council Registration" was received on 8/26/2013 4:10:56 PM.

## Online registration

Field	Value
Name	Heather Busby
Representing	NARAL Pro-Choice Texas and self
Mailing Address	PO Box 684602
City	Austin
State	TX
Zip Code	78768
E-mail Address	<a href="mailto:heather@prochoicetexas.org">heather@prochoicetexas.org</a>
Phone	512-462-1661
appearancedate	Aug. 28, 2013 – Work Session
Topic	Amendments to rules pertaining to abortion facilities and licensing
Comments	Other

Email "Registration to Appear Before the State Health Services Council" originally sent to [DSHSCouncil@dshs.state.tx.us](mailto:DSHSCouncil@dshs.state.tx.us) from [DSHSCouncil@dshs.state.tx.us](mailto:DSHSCouncil@dshs.state.tx.us) on 8/26/2013 4:10:56 PM.

**Bivens,Carolyn (DSHS)**

**From:** DSHSCouncil@dshs.state.tx.us  
**Sent:** Monday, August 26, 2013 5:47 PM  
**To:** DSHS Council  
**Subject:** Registration to Appear Before the State Health Services Council

Data from form "Council Registration" was received on 8/26/2013 5:46:30 PM.

Online registration

Field	Value
Name	Kristine Hopkins
Representing	Texas Policy Evaluation Project
Mailing Address	305 E. 23rd St.
City	Austin
State	TX
Zip Code	78712
E-mail Address	<a href="mailto:khopkins@prc.utexas.edu">khopkins@prc.utexas.edu</a>
Phone	512.471.8313
appearancedate	Aug. 28, 2013 – Work Session
Topic	Amendments to rules concerning abortion facility reporting and licensing
Comments	<del>Oppose</del> Provide information - requested change per email 8/27 9:30am

Email "Registration to Appear Before the State Health Services Council" originally sent to [DSHSCouncil@dshs.state.tx.us](mailto:DSHSCouncil@dshs.state.tx.us) from [DSHSCouncil@dshs.state.tx.us](mailto:DSHSCouncil@dshs.state.tx.us) on 8/26/2013 5:46:30 PM.

**Bivens,Carolyn (DSHS)**

**From:** DSHSCouncil@dshs.state.tx.us  
**Sent:** Monday, August 26, 2013 5:51 PM  
**To:** DSHS Council  
**Subject:** Registration to Appear Before the State Health Services Council

Data from form "Council Registration" was received on 8/26/2013 5:50:53 PM.

Online registration

Field	Value
Name	Joseph E Potter
Representing	Texas Policy Evaluation Project, University of Texas
Mailing Address	305 E 23rd St.
City	Austin
State	TX
Zip Code	78712
E-mail Address	<a href="mailto:jepflyfish@gmail.com">jepflyfish@gmail.com</a>
Phone	5124718341
appearancedate	Aug. 28, 2013 – Work Session
Topic	Amendments to rules concerning abortion facility reporting and licensing
Comments	Provide Information

Email "Registration to Appear Before the State Health Services Council" originally sent to [DSHSCouncil@dshs.state.tx.us](mailto:DSHSCouncil@dshs.state.tx.us) from [DSHSCouncil@dshs.state.tx.us](mailto:DSHSCouncil@dshs.state.tx.us) on 8/26/2013 5:50:53 PM.

**Bivens,Carolyn (DSHS)**

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**From:** DSHSCouncil@dshs.state.tx.us  
**Sent:** Monday, August 26, 2013 8:43 PM  
**To:** DSHS Council  
**Subject:** Registration to Appear Before the State Health Services Council

Data from form "Council Registration" was received on 8/26/2013 8:43:21 PM.

Online registration

Field	Value
Name	Tamara Goheen
Representing	Self
Mailing Address	1714 Dartmouth Ave.
City	Austin
State	TX
Zip Code	78757
E-mail Address	<a href="mailto:tgoheen@gmail.com">tgoheen@gmail.com</a>
Phone	512.554-7899
appearancedate	Aug. 28, 2013 – Work Session
Topic	HB2
Comments	Oppose

Email "Registration to Appear Before the State Health Services Council" originally sent to [DSHSCouncil@dshs.state.tx.us](mailto:DSHSCouncil@dshs.state.tx.us) from [DSHSCouncil@dshs.state.tx.us](mailto:DSHSCouncil@dshs.state.tx.us) on 8/26/2013 8:43:21 PM.

**Bivens, Carolyn (DSHS)**

**From:** DSHSCouncil@dshs.state.tx.us  
**Sent:** Tuesday, August 27, 2013 9:20 AM  
**To:** DSHS Council  
**Subject:** Registration to Appear Before the State Health Services Council

Data from form "Council Registration" was received on 8/27/2013 9:20:17 AM.

Online registration

Field	Value
Name	Grace Chimene
Representing	Texas League of Women Voters
Mailing Address	1212 Guadalupe St. #107 Austin, TX 78701
City	Austin
State	TX
Zip Code	78701
E-mail Address	<a href="mailto:lwvtexas@lwvtexas.org">lwvtexas@lwvtexas.org</a>
Phone	512-472-1100
appearancedate	Aug. 28, 2013 – Work Session
Topic	Abortion Facility Reporting and Licensing
Comments	Provide Information

Email "Registration to Appear Before the State Health Services Council" originally sent to [DSHSCouncil@dshs.state.tx.us](mailto:DSHSCouncil@dshs.state.tx.us) from [DSHSCouncil@dshs.state.tx.us](mailto:DSHSCouncil@dshs.state.tx.us) on 8/27/2013 9:20:17 AM.

**Bivens, Carolyn (DSHS)**

**From:** DSHSCouncil@dshs.state.tx.us  
**Sent:** Tuesday, August 27, 2013 9:59 AM  
**To:** DSHS Council  
**Subject:** Registration to Appear Before the State Health Services Council

Data from form "Council Registration" was received on 8/27/2013 9:59:18 AM.

Online registration

Field	Value
Name	Amy Hagstrom Miller
Representing	Whole Woman's Health
Mailing Address	8401 N IH 35 Suite 1A
City	Austin
State	Texas
Zip Code	78753
E-mail Address	<a href="mailto:amy@wholewomanshealth.com">amy@wholewomanshealth.com</a>
Phone	5128356858
appearancedate	Aug. 28, 2013 – Work Session
Topic	Implementation of House Bill 2
Comments	Oppose

Email "Registration to Appear Before the State Health Services Council" originally sent to [DSHSCouncil@dshs.state.tx.us](mailto:DSHSCouncil@dshs.state.tx.us) from [DSHSCouncil@dshs.state.tx.us](mailto:DSHSCouncil@dshs.state.tx.us) on 8/27/2013 9:59:18 AM.

**Bivens,Carolyn (DSHS)**

**From:** DSHSCouncil@dshs.state.tx.us  
**Sent:** Tuesday, August 27, 2013 2:21 PM  
**To:** DSHS Council  
**Subject:** Registration to Appear Before the State Health Services Council

Data from form "Council Registration" was received on 8/27/2013 2:20:31 PM.

## Online registration

Field	Value
Name	Karen Miller
Representing	Self
Mailing Address	1200 Barton Hills Drive#260
City	Austin
State	Tx
Zip Code	78704-1913
E-mail Address	<a href="mailto:Karen.ksm.miller@gmail.com">Karen.ksm.miller@gmail.com</a>
Phone	254-371-6844
appearancedate	Aug. 28, 2013 – Work Session
Topic	Abortion clinics
Comments	Oppose

Email "Registration to Appear Before the State Health Services Council" originally sent to [DSHSCouncil@dshs.state.tx.us](mailto:DSHSCouncil@dshs.state.tx.us) from [DSHSCouncil@dshs.state.tx.us](mailto:DSHSCouncil@dshs.state.tx.us) on 8/27/2013 2:20:31 PM.

**Bivens,Carolyn (DSHS)**

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**From:** DSHSCouncil@dshs.state.tx.us  
**Sent:** Tuesday, August 27, 2013 2:35 PM  
**To:** DSHS Council  
**Subject:** Registration to Appear Before the State Health Services Council

Data from form "Council Registration" was received on 8/27/2013 2:34:45 PM.

Online registration

Field	Value
Name	Ms. Ora Houston
Representing	Self
Mailing Address	2207 East 22nd Street
City	Austin
State	TX
Zip Code	78722
E-mail Address	<a href="mailto:oraann1@yahoo.com">oraann1@yahoo.com</a>
Phone	512-472-2951
appearancedate	Aug. 28, 2013 – Work Session
Topic	policies and procedures re: reproductive services in texas
Comments	Other

Email "Registration to Appear Before the State Health Services Council" originally sent to [DSHSCouncil@dshs.state.tx.us](mailto:DSHSCouncil@dshs.state.tx.us) from [DSHSCouncil@dshs.state.tx.us](mailto:DSHSCouncil@dshs.state.tx.us) on 8/27/2013 2:34:45 PM.

**Bivens,Carolyn (DSHS)**

**From:** DSHSCouncil@dshs.state.tx.us  
**Sent:** Tuesday, August 27, 2013 6:51 PM  
**To:** DSHS Council  
**Subject:** Registration to Appear Before the State Health Services Council

Data from form "Council Registration" was received on 8/27/2013 6:51:16 PM.

## Online registration

Field	Value
Name	Hope Phillips
Representing	Self
Mailing Address	3850 Fearless Treadway
City	Round Mountain
State	Texas
Zip Code	78663-8502
E-mail Address	<a href="mailto:epiphanyhopephillips@gmail.com">epiphanyhopephillips@gmail.com</a>
Phone	830-825-3417
appearancedate	Aug. 28, 2013 – Work Session
Topic	Oppose House Bill 2 as Unconstitutional
Comments	Oppose

Email "Registration to Appear Before the State Health Services Council" originally sent to [DSHSCouncil@dshs.state.tx.us](mailto:DSHSCouncil@dshs.state.tx.us) from [DSHSCouncil@dshs.state.tx.us](mailto:DSHSCouncil@dshs.state.tx.us) on 8/27/2013 6:51:16 PM.

**Bivens,Carolyn (DSHS)**

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**From:** DSHSCouncil@dshs.state.tx.us  
**Sent:** Tuesday, August 27, 2013 9:06 PM  
**To:** DSHS Council  
**Subject:** Registration to Appear Before the State Health Services Council

Data from form "Council Registration" was received on 8/27/2013 9:05:33 PM.

Online registration

Field	Value
Name	Sarah Slamen
Representing	Houston NOW
Mailing Address	2939 Cypress Point Dr
City	Houston
State	TX
Zip Code	77459
E-mail Address	<u>Sarah.Slamen@gmail.com</u>
Phone	2814375149
appearancedate	Aug. 28, 2013 – Work Session
Topic	Agenda item 1. F
Comments	Provide Information

Email "Registration to Appear Before the State Health Services Council" originally sent to DSHSCouncil@dshs.state.tx.us from DSHSCouncil@dshs.state.tx.us on 8/27/2013 9:05:33 PM.

**Bivens,Carolyn (DSHS)**

**From:** DSHSCouncil@dshs.state.tx.us  
**Sent:** Tuesday, August 27, 2013 9:20 PM  
**To:** DSHS Council  
**Subject:** Registration to Appear Before the State Health Services Council

Data from form "Council Registration" was received on 8/27/2013 9:20:22 PM.

Online registration

Field	Value
Name	Vivian Ballard
Representing	self
Mailing Address	1304 Newning Avenue
City	Austin
State	Texas
Zip Code	78704
E-mail Address	<a href="mailto:vivian@eatingbeyonlimits.com">vivian@eatingbeyonlimits.com</a>
Phone	512.912.7825
appearancedate	Aug. 28, 2013 – Work Session
Topic	HB2
Comments	Provide Information

Email "Registration to Appear Before the State Health Services Council" originally sent to [DSHSCouncil@dshs.state.tx.us](mailto:DSHSCouncil@dshs.state.tx.us) from [DSHSCouncil@dshs.state.tx.us](mailto:DSHSCouncil@dshs.state.tx.us) on 8/27/2013 9:20:22 PM.

**Bivens,Carolyn (DSHS)**

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**From:** DSHSCouncil@dshs.state.tx.us  
**Sent:** Tuesday, August 27, 2013 10:26 PM  
**To:** DSHS Council  
**Subject:** Registration to Appear Before the State Health Services Council

Data from form "Council Registration" was received on 8/27/2013 10:26:23 PM.

Online registration

Field	Value
Name	Tessa Hunt
Representing	Self
Mailing Address	1104 1/2 Fiesta Street
City	Austin
State	TX
Zip Code	78702
E-mail Address	<a href="mailto:tessatessahunthunt@gmail.com">tessatessahunthunt@gmail.com</a>
Phone	512-289-4729
appearancedate	Aug. 28, 2013 – Work Session
Topic	HB2 Implementation
Comments	Provide Information

Email "Registration to Appear Before the State Health Services Council" originally sent to [DSHSCouncil@dshs.state.tx.us](mailto:DSHSCouncil@dshs.state.tx.us) from [DSHSCouncil@dshs.state.tx.us](mailto:DSHSCouncil@dshs.state.tx.us) on 8/27/2013 10:26:23 PM.

**Bivens,Carolyn (DSHS)**

**From:** DSHSCouncil@dshs.state.tx.us  
**Sent:** Tuesday, August 27, 2013 10:38 PM  
**To:** DSHS Council  
**Subject:** Registration to Appear Before the State Health Services Council

Data from form "Council Registration" was received on 8/27/2013 10:37:33 PM.

## Online registration

Field	Value
Name	Nancy Cardenas
Representing	Self
Mailing Address	1400 Palmcreek Blvd Palmview, TX 78574
City	Palmview
State	TX
Zip Code	78574
E-mail Address	<a href="mailto:ncardenas37@yahoo.com">ncardenas37@yahoo.com</a>
Phone	9562223295
appearancedate	Aug. 28, 2013 – Work Session
Topic	Regulation of Abortion Facilities.
Comments	Oppose

Email "Registration to Appear Before the State Health Services Council" originally sent to [DSHSCouncil@dshs.state.tx.us](mailto:DSHSCouncil@dshs.state.tx.us) from [DSHSCouncil@dshs.state.tx.us](mailto:DSHSCouncil@dshs.state.tx.us) on 8/27/2013 10:37:33 PM.

**Bivens, Carolyn (DSHS)**

**From:** DSHSCouncil@dshs.state.tx.us  
**Sent:** Tuesday, August 27, 2013 11:02 PM  
**To:** DSHS Council  
**Subject:** Registration to Appear Before the State Health Services Council

Data from form "Council Registration" was received on 8/27/2013 11:01:47 PM.

Online registration

Field	Value
Name	Brian McAuliffe
Representing	self
Mailing Address	922 Lazy Lane
City	San Marcos
State	TX
Zip Code	78666
E-mail Address	<a href="mailto:brianadvisor@yahoo.com">brianadvisor@yahoo.com</a>
Phone	512-392-8169
appearancedate	Aug. 28, 2013 – Work Session
Topic	HB 2
Comments	Support

Email "Registration to Appear Before the State Health Services Council" originally sent to [DSHSCouncil@dshs.state.tx.us](mailto:DSHSCouncil@dshs.state.tx.us) from [DSHSCouncil@dshs.state.tx.us](mailto:DSHSCouncil@dshs.state.tx.us) on 8/27/2013 11:01:47 PM.

**Bivens,Carolyn (DSHS)**

**From:** DSHSCouncil@dshs.state.tx.us  
**Sent:** Tuesday, August 27, 2013 11:37 PM  
**To:** DSHS Council  
**Subject:** Registration to Appear Before the State Health Services Council

Data from form "Council Registration" was received on 8/27/2013 11:36:34 PM.

## Online registration

Field	Value
Name	Fatimah Gifford
Representing	Whole Woman's Health
Mailing Address	8401 N IH 35, suite 1A
City	Austin
State	TX
Zip Code	78753
E-mail Address	<a href="mailto:fgifford@wholewomanshealth.com">fgifford@wholewomanshealth.com</a>
Phone	5128356858
appearancedate	Aug. 28, 2013 – Work Session
Topic	Abortion Licensing Facilities
Comments	Provide Information

Email "Registration to Appear Before the State Health Services Council" originally sent to [DSHSCouncil@dshs.state.tx.us](mailto:DSHSCouncil@dshs.state.tx.us) from [DSHSCouncil@dshs.state.tx.us](mailto:DSHSCouncil@dshs.state.tx.us) on 8/27/2013 11:36:34 PM.

**Bivens,Carolyn (DSHS)**

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**From:** DSHSCouncil@dshs.state.tx.us  
**Sent:** Wednesday, August 28, 2013 7:30 AM  
**To:** DSHS Council  
**Subject:** Registration to Appear Before the State Health Services Council

Data from form "Council Registration" was received on 8/28/2013 7:29:49 AM.

## Online registration

Field	Value
Name	Paula Trietsch Chaney
Representing	Self
Mailing Address	813 Parkway Street
City	Georgetown
State	TX
Zip Code	78628
E-mail Address	<a href="mailto:trietschaney@yahoo.com">trietschaney@yahoo.com</a>
Phone	5126390373
appearancedate	Aug. 28, 2013 – Work Session
Topic	HB2
Comments	Oppose

Email "Registration to Appear Before the State Health Services Council" originally sent to [DSHSCouncil@dshs.state.tx.us](mailto:DSHSCouncil@dshs.state.tx.us) from [DSHSCouncil@dshs.state.tx.us](mailto:DSHSCouncil@dshs.state.tx.us) on 8/28/2013 7:29:49 AM.

**Bivens, Carolyn (DSHS)**

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**From:** DSHSCouncil@dshs.state.tx.us  
**Sent:** Wednesday, August 28, 2013 9:18 AM  
**To:** DSHS Council  
**Subject:** Registration to Appear Before the State Health Services Council

Data from form "Council Registration" was received on 8/28/2013 9:18:25 AM.

## Online registration

Field	Value
Name	Pamela Oldham
Representing	Self and family
Mailing Address	2928 Clinton Place
City	Round Rock
State	TX
Zip Code	78665
E-mail Address	<a href="mailto:poldham@pamelaoldham.com">poldham@pamelaoldham.com</a>
Phone	512-351-9986
appearancedate	Aug. 28, 2013 – Work Session
Topic	HB2 implementation
Comments	Oppose

Email "Registration to Appear Before the State Health Services Council" originally sent to [DSHSCouncil@dshs.state.tx.us](mailto:DSHSCouncil@dshs.state.tx.us) from [DSHSCouncil@dshs.state.tx.us](mailto:DSHSCouncil@dshs.state.tx.us) on 8/28/2013 9:18:25 AM.

**Bivens,Carolyn (DSHS)**

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**From:** DSHSCouncil@dshs.state.tx.us  
**Sent:** Wednesday, August 28, 2013 10:33 AM  
**To:** DSHS Council  
**Subject:** Registration to Appear Before the State Health Services Council

Data from form "Council Registration" was received on 8/28/2013 10:33:16 AM.

## Online registration

Field	Value
Name	Julie Klushnik
Representing	Self
Mailing Address	1205 West Oltorf Street
City	Austin
State	Texas
Zip Code	78704
E-mail Address	<a href="mailto:Blue.texas01@gmail.com">Blue.texas01@gmail.com</a>
Phone	512 9975236
appearancedate	Aug. 28, 2013 – Work Session
Topic	Hb 2
Comments	Oppose

Email "Registration to Appear Before the State Health Services Council" originally sent to [DSHSCouncil@dshs.state.tx.us](mailto:DSHSCouncil@dshs.state.tx.us) from [DSHSCouncil@dshs.state.tx.us](mailto:DSHSCouncil@dshs.state.tx.us) on 8/28/2013 10:33:16 AM.

**Bivens,Carolyn (DSHS)**

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**From:** DSHSCouncil@dshs.state.tx.us  
**Sent:** Wednesday, August 28, 2013 9:51 AM  
**To:** DSHS Council  
**Subject:** Registration to Appear Before the State Health Services Council

Data from form "Council Registration" was received on 8/28/2013 9:51:17 AM.

## Online registration

Field	Value
Name	Tina Hester
Representing	Jane's Due Process
Mailing Address	PO Box 685137
City	Austin
State	TX
Zip Code	78768-5137
E-mail Address	<a href="mailto:jdprocess@gmail.com">jdprocess@gmail.com</a>
Phone	512-444-7891
appearancedate	Aug. 28, 2013 – Work Session
Topic	Abortion clinic regulations
Comments	

Email "Registration to Appear Before the State Health Services Council" originally sent to [DSHSCouncil@dshs.state.tx.us](mailto:DSHSCouncil@dshs.state.tx.us) from [DSHSCouncil@dshs.state.tx.us](mailto:DSHSCouncil@dshs.state.tx.us) on 8/28/2013 9:51:17 AM.

**Bivens,Carolyn (DSHS)**

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**From:** DSHSCouncil@dshs.state.tx.us  
**Sent:** Wednesday, August 28, 2013 10:19 AM  
**To:** DSHS Council  
**Subject:** Registration to Appear Before the State Health Services Council

Data from form "Council Registration" was received on 8/28/2013 10:18:34 AM.

Online registration

Field	Value
Name	Erin Blauvelt
Representing	Texas Alliance for Life
Mailing Address	8000 Centre Park Drive
City	Austin
State	TX
Zip Code	78754
E-mail Address	<a href="mailto:erin@texasallianceforlife.org">erin@texasallianceforlife.org</a>
Phone	512-477-1244
appearancedate	Aug. 28, 2013 – Work Session
Topic	Amendments to rules and a new rule concerning the regulation of abortion facilities
Comments	Support

Email "Registration to Appear Before the State Health Services Council" originally sent to [DSHSCouncil@dshs.state.tx.us](mailto:DSHSCouncil@dshs.state.tx.us) from [DSHSCouncil@dshs.state.tx.us](mailto:DSHSCouncil@dshs.state.tx.us) on 8/28/2013 10:18:34 AM.

**Bivens,Carolyn (DSHS)**

**From:** DSHSCouncil@dshs.state.tx.us  
**Sent:** Wednesday, August 28, 2013 10:41 AM  
**To:** DSHS Council  
**Subject:** Registration to Appear Before the State Health Services Council

Data from form "Council Registration" was received on 8/28/2013 10:41:23 AM.

## Online registration

Field	Value
Name	Ramey Ko
Representing	Self
Mailing Address	5230 Thunder Creek Rd, Apt. 105
City	Austin
State	Texas
Zip Code	78759
E-mail Address	<a href="mailto:ramey.ko@gmail.com">ramey.ko@gmail.com</a>
Phone	5125775729
appearancedate	Aug. 28, 2013 – Work Session
Topic	HB2
Comments	Oppose

Email "Registration to Appear Before the State Health Services Council" originally sent to [DSHSCouncil@dshs.state.tx.us](mailto:DSHSCouncil@dshs.state.tx.us) from [DSHSCouncil@dshs.state.tx.us](mailto:DSHSCouncil@dshs.state.tx.us) on 8/28/2013 10:41:23 AM.

**Bivens, Carolyn (DSHS)**

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**From:** DSHSCouncil@dshs.state.tx.us  
**Sent:** Wednesday, August 28, 2013 10:50 AM  
**To:** DSHS Council  
**Subject:** Registration to Appear Before the State Health Services Council

Data from form "Council Registration" was received on 8/28/2013 10:50:14 AM.

Online registration

Field	Value
Name	Aimee Arrambide
Representing	Self
Mailing Address	1815 Richcreek Road
City	Austin
State	Texas
Zip Code	78757
E-mail Address	<a href="mailto:aimee@prochoicetexas.org">aimee@prochoicetexas.org</a>
Phone	5125875692
appearancedate	Aug. 28, 2013 – Work Session
Topic	HB 2 Rules and Regulations
Comments	Oppose

Email "Registration to Appear Before the State Health Services Council" originally sent to [DSHSCouncil@dshs.state.tx.us](mailto:DSHSCouncil@dshs.state.tx.us) from [DSHSCouncil@dshs.state.tx.us](mailto:DSHSCouncil@dshs.state.tx.us) on 8/28/2013 10:50:14 AM.

**Bivens,Carolyn (DSHS)**

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**From:** DSHSCouncil@dshs.state.tx.us  
**Sent:** Wednesday, August 28, 2013 11:12 AM  
**To:** DSHS Council  
**Subject:** Registration to Appear Before the State Health Services Council

Data from form "Council Registration" was received on 8/28/2013 11:11:46 AM.

Online registration

Field	Value
Name	Brenda H. Collier
Representing	Self
Mailing Address	PO Box 41418
City	Austin
State	Texas
Zip Code	78704
E-mail Address	<u>Brenda@collierlaw.com</u>
Phone	5126805401
appearancedate	Aug. 28, 2013 – Work Session
Topic	HB2
Comments	Oppose

Email "Registration to Appear Before the State Health Services Council" originally sent to DSHSCouncil@dshs.state.tx.us from DSHSCouncil@dshs.state.tx.us on 8/28/2013 11:11:46 AM.

**Bivens, Carolyn (DSHS)**

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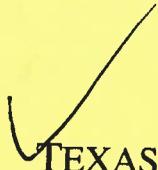
**From:** DSHSCouncil@dshs.state.tx.us  
**Sent:** Wednesday, August 28, 2013 11:19 AM  
**To:** DSHS Council  
**Subject:** Registration to Appear Before the State Health Services Council

Data from form "Council Registration" was received on 8/28/2013 11:19:05 AM.

Online registration

Field	Value
Name	Emily Martin, MPH
Representing	Myself
Mailing Address	1781 Spyglass Apt 205
City	Austin
State	Texas
Zip Code	78746
E-mail Address	<a href="mailto:emily.martin6@gmail.com">emily.martin6@gmail.com</a>
Phone	210-355-2636
appearancedate	Aug. 28, 2013 – Work Session
Topic	HB2 Regulations
Comments	Provide Information

Email "Registration to Appear Before the State Health Services Council" originally sent to [DSHSCouncil@dshs.state.tx.us](mailto:DSHSCouncil@dshs.state.tx.us) from [DSHSCouncil@dshs.state.tx.us](mailto:DSHSCouncil@dshs.state.tx.us) on 8/28/2013 11:19:05 AM.



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TEXAS DEPARTMENT OF STATE HEALTH SERVICES

Registration and Request to Speak at the

Department of State Health Services Work Session
Wednesday, August 28, 2013
Austin, Texas

Registration forms MUST be turned in before the beginning of the meeting.

Please Print

I wish to appear before the Department of State Health Services Council to speak on the following agenda topic. (Please complete a separate form for each agenda topic on which you wish to provide comments):

Summary of Comments:

Registrant information:

Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, and PHONE NUMBER, containing handwritten information for John Seago.

Signature: [Handwritten signature]

Date: 9/8/28/13

To Comment:

- 1. Register by completing the form.
2. Turn the form in before the start of the meeting.
3. Wait for the chair to call on you.
4. Limit your comments to three minutes.
5. Individuals cannot accumulate time from other speakers.



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

Registration and Request to Speak at the

Department of State Health Services Work Session
Wednesday, August 28, 2013
Austin, Texas

Registration forms MUST be turned in before the beginning of the meeting.

Please Print

I wish to appear before the Department of State Health Services Council to speak on the following agenda topic. (Please complete a separate form for each agenda topic on which you wish to provide comments):

Summary of Comments:

Registrant information:

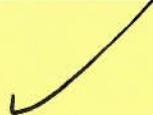
Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, PHONE NUMBER, and REPRESENTING. Handwritten entries include: NAME: ERICA GIMONICH, ADDRESS: 8401 North IH35, CITY: Austin, STATE: TX, ZIP: 78753, PHONE NUMBER: 612-571-5760, REPRESENTING: Whole Woman's Health.

Signature: Erica Gimonich MP Date: 8.28.13

To Comment:

- 1. Register by completing the form.
2. Turn the form in before the start of the meeting.
3. Wait for the chair to call on you.
4. Limit your comments to three minutes.
5. Individuals cannot accumulate time from other speakers.



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# TEXAS DEPARTMENT OF STATE HEALTH SERVICES

**Registration and Request to Speak at the  
Department of State Health Services Work Session  
Wednesday, August 28, 2013  
Austin, Texas**

**Registration forms MUST be turned in before the beginning of the meeting.**

*Please Print*

I wish to appear before the Department of State Health Services Council to speak on the following agenda topic. *(Please complete a separate form for each agenda topic on which you wish to provide comments):*

Summary of Comments:

IF

Registrant information:

*Please PRINT clearly*

NAME: Nancy Bessent		
ADDRESS: 2007 Palo Duro Rd.		
CITY: Austin	STATE: TX	ZIP: 78757
PHONE NUMBER: (512) 452-0992 REPRESENTING: self		

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**To Comment:**

1. Register by completing the form.
2. Turn the form in before the start of the meeting.
3. Wait for the chair to call on you.
4. Limit your comments to three minutes.
5. Individuals cannot accumulate time from other speakers.



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

Registration and Request to Speak at the
Department of State Health Services Work Session
Wednesday, August 28, 2013
Austin, Texas

Registration forms MUST be turned in before the beginning of the meeting.

Please Print

I wish to appear before the Department of State Health Services Council to speak on the following agenda topic. (Please complete a separate form for each agenda topic on which you wish to provide comments):

Summary of Comments:

Registrant information:

Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, PHONE NUMBER, and REPRESENTING. Handwritten entries include Kristian Caballero, 1112 E. 9th Street, Austin, TX, 78702, (512) 758-1973, and myself.

Signature: [Handwritten Signature] Date: 8/28/13

To Comment:

- 1. Register by completing the form.
2. Turn the form in before the start of the meeting.
3. Wait for the chair to call on you.
4. Limit your comments to three minutes.
5. Individuals cannot accumulate time from other speakers.



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

Registration and Request to Speak at the
Department of State Health Services Work Session
Wednesday, August 28, 2013
Austin, Texas

Registration forms MUST be turned in before the beginning of the meeting.

Please Print

I wish to appear before the Department of State Health Services Council to speak on the following agenda topic. (Please complete a separate form for each agenda topic on which you wish to provide comments):

Summary of Comments:

Registrant information:

Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, PHONE NUMBER, and REPRESENTING. Handwritten entries include: Name: Erin Walter, Address: 1903 Crooked Lane, City: Austin, State: TX, Zip: 78741, Phone Number: 512 992-5824, Representing: myself.

Signature: [Handwritten Signature] Date: 8/28/13

- To Comment:
1. Register by completing the form.
2. Turn the form in before the start of the meeting.
3. Wait for the chair to call on you.
4. Limit your comments to three minutes.
5. Individuals cannot accumulate time from other speakers.